


471-000-519 Nebraska Medicaid Practitioner Fee Schedule for Podiatry Services

To Determine the Medicaid Allowable:

1. IDENTIFY THE CODE. First, identify the correct code for the Podiatry item. Refer to the latest HCPCS Level II Expert book for code descriptions. Every provider should have this guide. In addition, the following website is a useful tool for identifying the HCPCS code for a particular item:
<http://www3.palmettogba.com/dmecs/do/hcpcssearch>
If a type of item has a HCPCS code assigned, the provider must use that code when billing, and not any "miscellaneous" code.
2. IDENTIFY AND FIND THE CODE/MODIFIER COMBINATION. Review the Procedure Code Modifiers (next page) and select the modifier that is correct for the item being billed. Click on the  binoculars located in the left chimney and search for the code.
3. LOCATE THE MEDICAID ALLOWABLE FOR THE PROCEDURE CODE.
If "BR" or "RNE" is listed, see Step #5 for special pricing.
4. PAYMENT IS THE LOWER OF THE FEE SCHEDULE MEDICAID ALLOWABLE OR THE PROVIDER'S SUBMITTED CHARGE. The provider's submitted charge must reflect your charge to the general public. Provider must not bill Medicaid more than it charges the general public.
5. SPECIAL PRICING. Certain procedure codes will not have a MEDICAID ALLOWABLE:
 - "BR" (By report) – Paid at "reasonable rate" based on the service and circumstances. A complete description of the service is required for review.
 - "RNE" (Rate Not Established) - Paid at "reasonable rate" based on the service
 - "IC" (Invoice cost) - Paid at "invoice cost". An invoice must be attached to the claim. Some services may also have an associated maximum allowable.

Provider must not bill Medicaid more than it charges the general public, must maintain documentation of usual and customary charges, and provide it to the Department upon demand. If the service requires Prior Authorization (indicated by an "**") submit Manufacturer's Suggested Retail Price (MSRP) with the Prior Authorization request. Claims for services Prior Authorized by Primary Care Plus (for Medicaid Managed Care Clients in the Primary Care Case Management Plan) must include an MSRP.

6. PRIOR AUTHORIZATION. Some Podiatry services may require Medicaid approval of a prior authorization request. Provider must submit a Form MS-77, found in the Title 471 Appendix <http://www.dhhs.ne.gov/reg/appx/atc471.htm>, Form Number 471-000-206. Submit Manufacturer's Suggested Retail Price (MSRP) or your actual cost invoice with the Prior Authorization Request.
7. Quantities supplied must be based on medical necessity and are supplies used in the office. There is no billing for take home supplies.

Questions regarding status of Medicaid claims should be directed to the Client Payments and Claims Processing Unit – Medicaid Inquiry at (877) 255-3092 or 471-9128 in Lincoln.

The five-digit numeric codes included in the Schedule are obtained from the Physicians' Current Procedural Terminology (CPT), Copyright 2013, by the American Medical Association. CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. This Schedule includes CPT numeric identifying codes for reporting medical services and procedures, which are copyrighted by the American Medical Association.

The Schedule includes only CPT numeric identifying codes for reporting medical services and procedures that were selected by the Nebraska Department of Health and Human Services, State of Nebraska. Any user of CPT outside the Schedule should refer to the Physicians' Current Procedural Terminology, Copyright 2013. This publication contains the complete and most current listings of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures.

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Provider must not bill Medicaid more than it charges the general public, must maintain documentation of usual and customary charges, and provide it to the Department upon demand. If the service requires Prior Authorization (indicated by an "**") submit Manufacturer's Suggested Retail Price (MSRP) with the Prior Authorization request. Claims for services Prior Authorized by Primary Care Plus (for Medicaid Managed Care Clients in the Primary Care Case Management Plan) must include an MSRP.

RNE = Rate Not Established BR = By Report IC = Invoice Cost (I) = Interim Value

* Requires Prior Authorization

For procedure codes 10000-69999.

See the Nebraska Medicaid Practitioner Fee Schedule for Physician Services found in NMAP Services 471-000-518. The amount listed is a dollar amount (\$). The dollar amount listed is the Medicaid allowable, unless otherwise indicated.

For procedure codes 70000-79999.

See the Nebraska Medicaid Practitioner Fee Schedule under Radiology found in NMAP Services 471-000-518. The amount listed is a dollar amount (\$). The dollar amount listed is the Medicaid allowable, unless otherwise indicated.

For procedure codes 80000-89999.

See the Nebraska Medicaid Practitioner Fee Schedule under Pathology found in NMAP Services 471-000-520. The amount listed is a dollar amount (\$). The dollar amount listed is the Medicaid allowable, unless otherwise indicated.

For procedure codes 90000-99999.

See the Nebraska Medicaid Practitioner Fee Schedule for Physician Services found in NMAP Services 471-000-518. The amount listed is a dollar amount (\$). The dollar amount listed is the Medicaid allowable, unless otherwise indicated.

For Medical Supplies, Orthotics and Prosthetics (A Codes, E Codes & L Codes) that are appropriate for use as a Podiatrist see the Nebraska Medicaid Practitioner Fee Schedule for Durable Medical Equipment, Medical Supplies, Orthotics and Prosthetics found in NMAP Services 471-000-507. The amount listed is a dollar amount (\$). The dollar amount is the Medicaid allowable unless otherwise indicated. No more than two medically necessary orthopedic footwear, shoe corrections, orthotic devices or similar supportive devices for the feet may be provided per visit. A codes, E codes & L codes that are most commonly used by Podiatrists will be found at the end of this document. Any codes not found on this list but used will need medical documentation submitted along with claims to substantiate payments.

The G0127 Code – trimming of dystrophic nails ANY number, is specific to Podiatry and not found in any other fee schedule. The dollar amount allowable for payment from Nebraska Medicaid is \$7.70.

For J codes and Q codes see Nebraska Medicaid Practitioner Fee Schedule for injectable found in NMAP Services 471-000-540. The amount listed is a dollar amount (\$). That amount is the Medicaid allowable, unless otherwise indicated. These codes are for office use only; there are no take home supplies.

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000A4550		SURGICAL TRAY-PAYABLE TO PODIATRIST ONLY-ONE PER VISIT				\$72.43
000A5500		FOR DIABETICS ONLY, FITTING (INCL FOLLOW UP) CUSTOM PREP AND SUPPLY OFF-THE-SHELF DEPTH-INLAY SHOE MANU TO ACCOM MULTI- DENSITY INSERT(S) EACH			X	\$65.62
000A5501		CUSTOM PREP AND SUPPLY OF SHOE MOLDED FROM CAST(S) OF PATIENT'S FOOT (CUSTOM MOLDED SHOE) PER SHOE-FOR DIABETICS ONLY (INCLUDING FOLLOW UP)			X	\$196.84
000A5503		MODIFICATION (INC. FITTING) OF OFF- THE-SHELF DEPTH-INLAY SHOW OR CUSTOM MOLDED SHOE WITH ROLLER OR RIGID ROCKER BOTTOM PER SHOE.				\$29.18
000A5504		MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOW WITH WEDGE (S), PER SHOE, FOR DIABETICS ONLY				\$29.18
000A5505		MODIFICATION (INC. FITTING) OF OFF- THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH METATARSAL BAR, PER SHOE, FOR DIABETICS ONLY				\$29.18
000A5506		MODIFICATION (INC. FITTING) OF OFF- THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE WITH OFF-SET HEEL(S), PER SHOE FOR DIABETICS ONLY				\$29.18
000A5507		FOR DIABETICS ONLY, NOS MODIFICATION (INCLUDING FITTING) OF OFF-THE-SHELF DEPTH-INLAY SHOE OR CUSTOM-MOLDED SHOE, PER SHOE (REVIEW SERVICE)				\$29.18
000A5508		FOR DIABETICS ONLY, DELUXE FEATURE OF OFF-THE-SHELF DEPTH-INLAY OR CUSTOM-MOLDED SHOE, PER SHOE				RNE
000A5510		FOR DIABETICS ONLY, DIRECT FORMED, COMPRESSION MOLDED TO PATIENT'S FOOT WITHOUT EXTERNAL HEAT SOURCE, MULTIPLE-DENSITY INSERT(S) PREFABRICATED,				RNE
000A5512		FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, DIRECT FORMED, MOLDED TO FOOT AFTER EXTERNAL HEAT SOURCE OF 230 DEGREES				\$26.77

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
		FAHRENHEIT OR HIGHER,				
000A5513		FOR DIABETICS ONLY, MULTIPLE DENSITY INSERT, CUSTOM MOLDED FROM MODEL OF PATIENT'S FOOT, TOTAL CONTACT WITH PATIENT'S FOOT, INCLUDING ARC				\$39.95
000A6000		NON-CONTACT WOUND WARMING WOUND COVER FOR USE WITH THE NON-CONTACT WOUND WARMING DEVICE AND WARMING CARD		NOT COVERED		
000A6010		COLLAGEN BASED WOUND FILLER, DRY FORM, STERILE, PER GRAM OF COLLAGEN				\$31.95
000A6011		COLLAGEN BASED WOUND FILLER, GEL/PASTE, PER GRAM OF COLLAGEN				\$2.35
000A6021		COLLAGEN DRESSING, STERILE, SIZE 16 SQ. IN. OR LESS, EACH				\$21.69
000A6022		COLLAGEN DRESSING, STERILE, SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN. , EACH				\$21.69
000A6023		COLLAGEN DRESSING, STERILE, SIZE MORE THAN 48 SQ. IN. , EACH				\$196.41
000A6024		COLLAGEN DRESSING WOUND FILLER, STERILE, PER 6 INCHES				\$6.38
000A6025		GEL SHEET FOR DERMAL OR EPIDERMAL APPLICATION, (E.G., SILICONE, HYDROGEL, OTHER), EACH				RNE
000A6154		WOUND POUCH EACH				\$14.82
000A6196		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING				\$7.58
000A6197		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESS				\$16.96
000A6198		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING				RNE
000A6199		ALGINATE OR OTHER FIBER GELLING DRESSING, WOUND FILLER, STERILE, PER 6 INCHES				\$5.46
000A6203		COMPOSITE DRESSING, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				\$3.45

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000A6204		COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSIN				\$6.43
000A6205		COMPOSITE DRESSING, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				RNE
000A6206		CONTACT LAYER, STERILE, 16 SQ. IN. OR LESS, EACH DRESSING				RNE
000A6207		CONTACT LAYER, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING				\$7.57
000A6208		CONTACT LAYER, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING				RNE
000A6209		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING				\$7.72
000A6210		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESS				\$20.56
000A6211		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING				\$30.31
000A6212		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				\$10.01
000A6213		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH				RNE
000A6214		FOAM DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				\$10.62
000A6215		FOAM DRESSING, WOUND FILLER, STERILE, PER GRAM				RNE
000A6216		GZE, NON-IMPREGNATED, NON-STER., 16 SQ IN W/O ADH. BORDER, EA. DRESSING				\$0.05
000A6217		GZE., NON-IMPREGNATED, NON-STER., 16 SQ IN TO 48 SQ IN, W/O ADH.				\$0.52

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
		BORDER EACH DRESSING				
000A6219		GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				\$0.98
000A6220		GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSIN				\$2.66
000A6221		GAUZE, NON-IMPREGNATED, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				RNE
000A6222		GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESS				\$2.19
000A6223		GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ.				\$2.49
000A6224		GAUZE, IMPREGNATED WITH OTHER THAN WATER, NORMAL SALINE, OR HYDROGEL, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRE				\$3.72
000A6228		GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING				RNE
000A6229		GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDE				\$3.72
000A6230		GAUZE, IMPREGNATED, WATER OR NORMAL SALINE, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING				RNE
000A6231		GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE 16 SQ. IN. OR LESS, EACH DRESSING				\$4.83

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000A6232		GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE GREATER THAN 16 SQ. IN., BUT LESS THAN OR EQUAL TO 48 SQ. IN., E				\$7.10
000A6233		GAUZE, IMPREGNATED, HYDROGEL, FOR DIRECT WOUND CONTACT, STERILE, PAD SIZE MORE THAN 48 SQ. IN., EACH DRESSING				\$19.80
000A6234		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING				\$6.75
000A6235		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH				\$17.36
000A6236		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING				\$28.12
000A6237		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				\$8.16
000A6238		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER,				\$23.52
000A6239		HYDROCOLLOID DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				RNE
000A6240		HYDROCOLLOID DRESSING, WOUND FILLER, PASTE, STERILE, PER OUNCE				\$12.63
000A6241		HYDROCOLLOID DRESSING, WOUND FILLER, DRY FORM, STERILE, PER GRAM				\$2.65
000A6242		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING				\$6.26
000A6243		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESS				\$12.70

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000A6244		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING				\$40.54
000A6246		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH				\$10.23
000A6247		HYDROGEL DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				\$24.54
000A6248		HYDROGEL DRESSING, WOUND FILLER, GEL, PER FLUID OUNCE				\$16.76
000A6251		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITHOUT ADHESIVE BORDER, EACH DRESSING				\$2.05
000A6252		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITHOUT ADHESIVE BORDE				\$3.35
000A6253		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITHOUT ADHESIVE BORDER, EACH DRESSING				\$6.54
000A6254		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE 16 SQ. IN. OR LESS, WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				\$1.24
000A6255		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., WITH ANY SIZE ADHESIVE				\$3.12
000A6256		SPECIALTY ABSORPTIVE DRESSING, WOUND COVER, STERILE, PAD SIZE MORE THAN 48 SQ. IN., WITH ANY SIZE ADHESIVE BORDER, EACH DRESSING				RNE
000A6258		TRANSPARENT FILM, STERILE, MORE THAN 16 SQ. IN. BUT LESS THAN OR EQUAL TO 48 SQ. IN., EACH DRESSING				\$4.43
000A6259		TRANSPARENT FILM, STERILE, MORE THAN 48 SQ. IN., EACH DRESSING				\$11.29
000A6261		WOUND FILLER, GEL/PASTE, PER FLUID OUNCE, NOT OTHERWISE SPECIFIED				RNE

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000A6262		WOUND FILLER, DRY FORM, PER GRAM, NOT OTHERWISE SPECIFIED				RNE
000A6266		GAUZE, IMPREGNATED, OTHER THAN WATER, NORMAL SALINE, OR ZINC PASTE, STERILE, ANY WIDTH, PER LINEAR YARD				\$1.98
000A6402		GZE., NON-IMPREGNATED, STERILE, 16 SQ IN OR LESS, W/O ADH. BORDER, EACH DRESSING				\$0.12
000A6403		GZE., NON-IMPREGNATED, STERILE, 16 SQ IN TO 48 SQ IN, W/O ADH. BORDER, EACH DRESSING				\$0.44
000A6404		GZE., NON-IMPREGNATED, STERILE, MORE THAN 48 SQ IN, W/O ADH. BORDER, EA.DRESSING				RNE
000A6407		PACKING STRIPS, NON-IMPREGNATED, STERILE, UP TO 2 INCHES IN WIDTH, PER LINEAR YARD				\$1.94
000A6413		ADHESIVE BANDAGE, FIRST-AID TYPE, ANY SIZE, EACH				RNE
000A6441		PADDING BANDAGE, NON-ELASTIC, NON-WOVEN/NON-KNITTED, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD				\$0.69
000A6442		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH LESS THAN THREE INCHES, PER YARD				\$0.17
000A6443		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD				\$0.29
000A6444		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, NON-STERILE, WIDTH GREATER THAN OR EQUAL TO 5 INCHES, PER YARD				\$0.57
000A6445		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH LESS THAN THREE INCHES, PER YARD				\$0.33
000A6446		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD				\$0.42

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000A6447		CONFORMING BANDAGE, NON-ELASTIC, KNITTED/WOVEN, STERILE, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD				\$0.69
000A6448		LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD				\$1.19
000A6449		LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD				\$1.80
000A6450		LIGHT COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD				RNE
000A6451		MODERATE COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE OF 1.25 TO 1.34 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREATER THAN O				RNE
000A6452		HIGH COMPRESSION BANDAGE, ELASTIC, KNITTED/WOVEN, LOAD RESISTANCE GREATER THAN OR EQUAL TO 1.35 FOOT POUNDS AT 50% MAXIMUM STRETCH, WIDTH GREAT				\$6.09
000A6453		SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH LESS THAN THREE INCHES, PER YARD				\$0.62
000A6454		SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD				\$0.79
000A6455		SELF-ADHERENT BANDAGE, ELASTIC, NON-KNITTED/NON-WOVEN, WIDTH GREATER THAN OR EQUAL TO FIVE INCHES, PER YARD				\$1.43
000A6456		ZINC PASTE IMPREGNATED BANDAGE, NON-ELASTIC, KNITTED/WOVEN, WIDTH GREATER THAN OR EQUAL TO THREE INCHES AND LESS THAN FIVE INCHES, PER YARD				\$1.32
000A6457		TUBULAR DRESSING WITH OR WITHOUT ELASTIC, ANY WIDTH, PER LINEAR YARD				\$1.17
000A6507		COMPRESSION BURN GARMENT, FOOT TO KNEE LENGTH, CUSTOM FABRICATED				RNE

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000A6508		COMPRESSION BURN GARMENT, FOOT TO THIGH LENGTH, CUSTOM FABRICATED				RNE
000A6530		GRADIENT COMPRESSION STOCKING, BELOW KNEE, 18-30 MMHG, EACH				\$31.68
000A6531		GRADIENT COMPRESSION STOCKING, BELOW KNEE, 30-40 MMHG, EACH				\$51.30
000A6532		GRADIENT COMPRESSION STOCKING, BELOW KNEE, 40-50 MMHG, EACH			X	\$65.98
000A6533		GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 18-30 MMHG, EACH				\$45.27
000A6534		GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 30-40 MMHG, EACH			X	\$69.41
000A6535		GRADIENT COMPRESSION STOCKING, THIGH LENGTH, 40-50 MMHG, EACH			X	\$75.45
000A6545		GRADIENT COMPRESSION WRAP, NON-ELASTIC, BELOW KNEE, 30-50 MM HG, EACH			X	RNE
000A6549		GRADIENT COMPRESSION STOCKING/SLEEVE, NOT OTHERWISE SPECIFIED			X	RNE
000E0747		OSTEOGENESIS STIMULATOR, ELECTRICAL, NON-INVASIVE, OTHER THAN SPINAL			X	RNE
000E0747	RR	OSTEOGENESIS STIMULATOR,ELEC,NON INVASIVE,OTHER THAN SPINAL APPL				\$400.40
000G0127		TRIMMING OF DYSTROPHIC NAILS, ANY NUMBER (USE M0101 IF DATE PRIOR TO 12011997) CAN ONLY BILL FOR ONE SERVICE PER CLIENT PER DATE.				\$7.70
000L1900		ANKLE FOOT ORTHOSIS, SPRING WIRE, DORSIFLEXION ASSIST CALF BAND, CUSTOM-FABRICATED			X	\$233.80
000L1902		ANKLE FOOT ORTHOSIS, ANKLE GAUNTLET, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$70.11
000L1904		ANKLE FOOT ORTHOSIS, MOLDED ANKLE GAUNTLET, CUSTOM-FABRICATED			X	\$393.40
000L1906		ANKLE FOOT ORTHOSIS, MULTILIGAMENTUS ANKLE SUPPORT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$100.08
000L1907		AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS, CUSTOM FABRICATED			X	\$498.34
000L1907	52	AFO, SUPRAMALLEOLAR WITH STRAPS, WITH OR WITHOUT INTERFACE/PADS,			X	\$249.17

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
		CUSTOM FABRICATED				
000L1910		ANKLE FOOT ORTHOSIS, POSTERIOR, SINGLE BAR, CLASP ATTACHMENT TO SHOE COUNTER, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$222.56
000L1920		ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT WITH STATIC OR ADJUSTABLE STOP (PHELPS OR PERLSTEIN TYPE), CUSTOM-FABRICATED			X	\$290.95
000L1930		ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$230.09
000L1930	52	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$115.04
000L1932		AFO, RIGID ANTERIOR TIBIAL SECTION, TOTAL CARBON FIBER OR EQUAL MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$790.35
000L1940		ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED			X	\$450.72
000L1940	52	ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL, CUSTOM-FABRICATED			X	\$225.36
000L1945		ANKLE FOOT ORTHOSIS, MOLDED TO PATIENT MODEL, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM FABRICATED			X	\$770.40
000L1945	52	ANKLE FOOT ORTHOSIS, PLASTIC, RIGID ANTERIOR TIBIAL SECTION (FLOOR REACTION), CUSTOM-FABRICATED			X	\$385.20
000L1950		ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC, CUSTOM-FABRICATED			X	\$647.81
000L1951		ANKLE FOOT ORTHOSIS, SPIRAL, (INSTITUTE OF REHABILITATIVE MEDICINE TYPE), PLASTIC OR OTHER MATERIAL, PREFABRICATED, INCLUDES FITTING AND A			X	\$743.83
000L1960		ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED			X	\$461.30
000L1960	52	ANKLE FOOT ORTHOSIS, POSTERIOR SOLID ANKLE, PLASTIC, CUSTOM-FABRICATED			X	\$230.65

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000L1970		ANKLE FOOT ORTHOSIS, PLASTIC WITH ANKLE JOINT, CUSTOM-FABRICATED			X	\$707.83
000L1971		ANKLE FOOT ORTHOSIS, PLASTIC OR OTHER MATERIAL WITH ANKLE JOINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$415.14
000L1980		ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (SINGLE BAR "BK" ORTHOSIS), CUSTOM-FABRICATED			X	\$338.82
000L1990		ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT FREE PLANTAR DORSIFLEXION, SOLID STIRRUP, CALF BAND/CUFF (DOUBLE BAR "BK" ORTHOSIS), CUSTOM-FABRICATED			X	\$428.21
000L2000		KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE KNEE, FREE ANKLE, SOLID STIRRUP, THIGH & CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHOSIS), CUSTOM-FA			X	\$844.13
000L2005		KNEE ANKLE FOOT ORTHOSIS, ANY MATERIAL, SINGLE OR DOUBLE UPRIGHT, STANCE CONTROL, AUTOMATIC LOCK AND SWING PHASE RELEASE, ANY TYPE ACTIVA			X	\$3,629.32
000L2010		KNEE ANKLE FOOT ORTHOSIS, SINGLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH&CALF BANDS/CUFFS (SINGLE BAR "AK" ORTHO) WITHOUT KNEE JOINT, CUS FA			X	\$773.64
000L2020		KNEE ANKLE FOOT ORTHOSIS, DOUBLE UPRIGHT, FREE KNEE/ANKLE, SOLID STIRRUP THIGH & CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHO), CUSTOM-FABRICATED			X	\$971.76
000L2030		KNEE, ANKLE,,FOOT ORTHO, DOUBLE UPRIGHT, FREE ANKLE, SOLID STIRRUP, THIGH& CALF BANDS/CUFFS (DOUBLE BAR "AK" ORTHO) WITH OUT KNEE JOINT,CUST F			X	\$897.89
000L2034		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, MEDIAL LATERAL ROTATION CONTROL, WITH OR WITHOUT FR			X	\$1,837.02
000L2035		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, STATIC (PEDIATRIC SIZE), WITHOUT FREE MOTION ANKLE,			X	\$153.41

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
		PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT				
000L2036		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATE			X	\$1,544.08
000L2036	52	KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, DOUBLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATE			X	\$772.04
000L2037		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, SINGLE UPRIGHT, WITH OR WITHOUT FREE MOTION KNEE, WITH OR WITHOUT FREE MOTION ANKLE, CUSTOM FABRICATE			X	\$1,386.18
000L2038		KNEE ANKLE FOOT ORTHOSIS, FULL PLASTIC, WITH OR WITHOUT FREE MOTION KNEE, MULTI-AXIS ANKLE, CUSTOM FABRICATED			X	\$1,189.89
000L2040		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED			X	\$147.76
000L2040	52	HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL ROTATION STRAPS, POLVIC BAND/BELT, CUSTOM FABRICATED			X	\$73.88
000L2050		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED			X	\$396.44
000L2060		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, BILATERAL TORSION CABLES, BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED			X	\$500.28
000L2070		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL ROTATION STRAPS, PELVIC BAND/BELT, CUSTOM FABRICATED			X	\$115.87
000L2080		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE, HIP JOINT, PELVIC BAND/BELT, CUSTOM-FABRICATED			X	\$325.30

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000L2090		HIP KNEE ANKLE FOOT ORTHOSIS, TORSION CONTROL, UNILATERAL TORSION CABLE,BALL BEARING HIP JOINT, PELVIC BAND/ BELT, CUSTOM-FABRICATED			X	\$404.23
000L2106		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED			X	\$565.85
000L2108		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED			X	\$889.21
000L2112		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$388.28
000L2114		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$510.32
000L2116		ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, TIBIAL FRACTURE ORTHOSIS, RIGID,PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$627.19
000L2126		KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, THERMOPLASTIC TYPE CASTING MATERIAL, CUSTOM-FABRICATED			X	\$996.57
000L2128		KNEE ANKLE FOOT ORTHOSIS, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, CUSTOM-FABRICATED			X	\$1,427.07
000L2132		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SOFT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$671.35
000L2134		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, SEMI-RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$804.93
000L2136		KAFO, FRACTURE ORTHOSIS, FEMORAL FRACTURE CAST ORTHOSIS, RIGID, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$993.72
000L2180		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, PLASTIC SHOE INSERT WITH ANKLE JOINTS				\$98.19

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000L2182		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, DROP LOCK KNEE JOINT				\$91.51
000L2184		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, LIMITED MOTION KNEE JOINT				\$103.09
000L2186		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, ADJUSTABLE MOTION KNEE JOINT, LERMAN TYPE				\$129.97
000L2188		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, QUADRILATERAL BRIM				\$249.25
000L2190		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, WAIST BELT				\$76.82
000L2192		ADDITION TO LOWER EXTREMITY FRACTURE ORTHOSIS, HIP JOINT, PELVIC BAND, THIGH FLANGE, AND PELVIC BELT				\$375.92
000L2200		ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT				\$39.57
000L2200	52	ADDITION TO LOWER EXTREMITY, LIMITED ANKLE MOTION, EACH JOINT				\$19.78
000L2210		ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST), EACH JOINT				\$55.94
000L2210	52	ADDITION TO LOWER EXTREMITY, DORSIFLEXION ASSIST (PLANTAR FLEXION RESIST, EACH JOINT				\$27.97
000L2220		ADDITION TO LOWER EXTREMITY, DORSIFLEXION AND PLANTAR FLEXION ASSIST/RESIST, EACH JOINT				\$69.87
000L2230		ADDITION TO LOWER EXTREMITY, SPLIT FLAT CALIPER STIRRUPS AND PLATE ATTACHMENT				\$65.74
000L2232		ADDITION TO LOWER EXTREMITY ORTHOSIS, ROCKER BOTTOM FOR TOTAL CONTACT ANKLE FOOT ORTHOSIS, FOR CUSTOM FABRICATED ORTHOSIS ONLY				\$86.45
000L2240		ADDITION TO LOWER EXTREMITY, ROUND CALIPER AND PLATE ATTACHMENT				\$73.33
000L2250		ADDITION TO LOWER EXTREMITY, FOOT PLATE, MOLDED TO PATIENT MODEL, STIRRUP ATTACHMENT				\$348.40
000L2260		ADDITION TO LOWER EXTREMITY, REINFORCED SOLID STIRRUP (SCOTT-CRAIG TYPE)				\$166.83

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000L2265		ADDITION TO LOWER EXTREMITY, LONG TONGUE STIRRUP				\$100.02
000L2270		ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("T") STRAP, PADDE D/LINED OR MALLEOLUS PAD				\$44.69
000L2270	52	ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION ("T") STRAP, PADDED/LINED OR MALLEOLUS PAD				\$22.34
000L2275		ADDITION TO LOWER EXTREMITY, VARUS/VALGUS CORRECTION, PLASTIC MODIFICATION, PADDED/LINED				\$132.71
000L2280		ADDITION TO LOWER EXTREMITY, MOLDED INNER BOOT				\$376.85
000L2280	52	ADDITION TO LOWER EXTREMITY, MOLDED INN R BOOT				\$188.42
000L2300		ADDITION TO LOWER EXTREMITY, ABDUCTION BAR (BILATERAL HIP INVOLVEMENT), JOINTED, ADJUSTABLE				\$232.67
000L2310		ADDITION TO LOWER EXTREMITY, ABDUCTION BAR, STRAIGHT				\$102.37
000L2320		ADDITION TO LOWER EXTREMITY, NON-MOLDED LACER, FOR CUSTOM FABRICATED ORTHOSIS ONLY				\$183.08
000L2330		ADDITION TO LOWER EXTREMITY, LACER MOLDED TO PATIENT MODEL, FOR CUSTOM FABRICATED ORTHOSIS ONLY				\$346.33
000L2335		ADDITION TO LOWER EXTREMITY, ANTERIOR SWING BAND				\$252.09
000L2340		ADDITION TO LOWER EXTREMITY, PRE-TIBIAL SHELL, MOLDED TO PATIENT MODEL				\$374.32
000L2350		ADDITION TO LOWER EXTREMITY, PROSTHETIC TYPE "BK" SOCKET, MOLDED TO PA TIENT MODEL (USED FOR 'PTB' 'AFO' ORTHOSIS)				\$811.28
000L2360		ADDITION TO LOWER EXTREMITY, EXTENDED STEEL SHANK				\$46.06
000L2370		ADDITION TO LOWER EXTREMITY, PATTEN BOTTOM				\$284.86
000L2375		ADDITION TO LOWER EXTREMITY, TORSION CONTROL, ANKLE JOINT AND HALF SOLID STIRRUP				\$101.41
000L2755		ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE,				\$115.73

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
		PER SEGMENT, FOR CUSTOM FAB				
000L2755	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, HIGH STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG COMPOSITE, PER SEGMENT, FOR CUSTOM FAB				\$57.86
000L2760		ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)				\$50.56
000L2760	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, EXTENSION, PER EXTENSION, PER BAR (FOR LINEAL ADJUSTMENT FOR GROWTH)				\$25.28
000L2768		ORTHOTIC SIDE BAR DISCONNECT DEVICE, PER BAR				\$115.42
000L2785		ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH				\$28.14
000L2785	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, DROP LOCK RETAINER, EACH				\$14.07
000L2795		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP				\$70.71
000L2795	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, FULL KNEECAP				\$35.35
000L2800		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, KNEE CAP, MEDIAL OR LATERAL PULL, FOR USE WITH CUSTOM FABRICATED ORTHOSIS ONLY				\$88.77
000L2810		ADDITION TO LOWER EXTREMITY ORTHOSIS, KNEE CONTROL, CONDYLAR PAD				\$65.00
000L2820		ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION				\$72.27
000L2820	52	ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, BELOW KNEE SECTION				\$36.13
000L2830		ADDITION TO LOWER EXTREMITY ORTHOSIS, SOFT INTERFACE FOR MOLDED PLASTIC, ABOVE KNEE SECTION				\$78.18

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000L2840		ADDITION TO LOWER EXTREMITY ORTHOSIS, TIBIAL LENGTH SOCK, FRACTURE OR EQUAL, EACH				\$37.62
000L2850		ADDITION TO LOWER EXTREMITY ORTHOSIS, FEMORAL LENGTH SOCK, FRACTURE OR EQUAL, EACH				\$68.71
000L2999		LOWER EXTREMITY ORTHOSIS, NOT OTHERWISE SPECIFIED		RNE-INVOICE		
000L3000		FOOT, INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, "UCB" TYPE, BERKELEY SHELL, EACH			X	\$278.22
000L3000	52	FOOT, INSERT, REMOVEABLE, MOLDED TO PT MODEL, UCP TYPE, BERKELEY SHELL,E			X	\$139.11
000L3001		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SPENCO, EACH			X	\$117.13
000L3002		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, PLASTAZOTE OR EQUAL, E ACH			X	\$143.05
000L3003		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, SILICONE GEL, EACH			X	\$154.34
000L3010		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL ARCH SUPP ORT, EACH			X	\$154.34
000L3020		FOOT INSERT, REMOVABLE, MOLDED TO PATIENT MODEL, LONGITUDINAL/METATARSALSUPPORT, EACH			X	\$175.73
000L3030		FOOT INSERT, REMOVABLE, FORMED TO PATIENT FOOT, EACH			X	\$67.59
000L3030	52	FOOT INSERT, REMOVEABLE, FORMED TO PATIENT FOOT, EACH				\$33.79
000L3031		FOOT INSERT/PLATE, REMOVABLE, ADDITION TO LOWER EXTREMITY ORTHOSIS, HIG H STRENGTH, LIGHTWEIGHT MATERIAL, ALL HYBRID LAMINATION/PREPREG CO		RNE-INVOICE		RNE
000L3040		FOOT ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL, EACH				\$41.68
000L3050		FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, METATARSAL, EACH				\$41.68
000L3060		FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDED, LONGITUDINAL/METATARSAL, EACH			X	\$65.31
000L3060	52	FOOT, ARCH SUPPORT, REMOVABLE, PREMOLDID, LONGITUDINAL/METATARSAL, EACH				\$32.65

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000L3070		FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, LONGITUDINAL, EACH				\$28.16
000L3080		FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, METATARSAL, EACH				\$28.16
000L3090		FOOT, ARCH SUPPORT, NONREMOVABLE ATTACHED TO SHOE, LONGITUDINAL/METATARSAL, EACH				\$36.04
000L3100		HALLUS-VALGUS NIGHT DYNAMIC SPLINT, EACH				\$38.30
000L3140		FOOT, ROTATION POSITIONING DEVICE, INCLUDING SHOE(S)			X	\$78.85
000L3150		FOOT, ROTATION POSITIONING DEVICE, WITHOUT SHOE(S)			X	\$72.09
000L3160		FOOT, ADJUSTABLE SHOE-STYLED POSITIONING DEVICE		RNE-INVOICE	X	
000L3170		FOOT, PLASTIC, SILICONE OR EQUAL, HEEL STABILIZER, EACH				\$45.05
000L3201		ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, INFANT				\$30.18
000L3202		ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, CHILD				\$33.95
000L3203		ORTHOPEDIC SHOE, OXFORD WITH SUPINATOR OR PRONATOR, JUNIOR				\$36.21
000L3204		ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, INFANT				\$30.18
000L3206		ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, CHILD				\$33.95
000L3207		ORTHOPEDIC SHOE, HIGHTOP WITH SUPINATOR OR PRONATOR, JUNIOR				\$36.21
000L3208		SURGICAL BOOT, EACH, INFANT				\$33.95
000L3209		SURGICAL BOOT, EACH, CHILD				\$37.72
000L3211		SURGICAL BOOT, EACH, JUNIOR				\$41.49
000L3212		BENESCH BOOT, PAIR, INFANT			X	\$60.36
000L3213		BENESCH BOOT, PAIR, CHILD			X	\$60.36
000L3230		ORTHOPEDIC FOOTWEAR, CUSTOM SHOE, DEPTH INLAY, EACH		RNE-INVOICE	X	
000L3250		ORTHOPEDIC FOOTWEAR, CUSTOM MOLDED SHOE, REMOVABLE INNER MOLD, PROSTHETIC SHOE, EACH			X	\$377.25
000L3251		FOOT, SHOE MOLDED TO PATIENT MODEL, SILICONE SHOE, EACH			X	\$146.37
000L3252		FOOT, SHOE MOLDED TO PATIENT MODEL, PLASTAZOTE (OR SIMILAR), CUSTOM FABRICATED, EACH			X	\$146.37

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000L3253		FOOT, MOLDED SHOE, PLASTAZOTE (OR SIMILAR) CUSTOM FITTED, EACH			X	\$146.37
000L3254		NON-STANDARD SIZE OR WIDTH				\$20.68
000L3255		NON-STANDARD SIZE OR LENGTH				\$20.68
000L3257		ORTHOPEDIC FOOTWEAR, ADDITIONAL CHARGE FOR SPLIT SIZE				\$55.22
000L3260		SURGICAL BOOT/SHOE, EACH				\$37.72
000L3265		PLASTAZOTE SANDAL, EACH			X	\$60.36
000L3300		LIFT, ELEVATION, HEEL, TAPERED TO METATARSALS, PER INCH				\$46.19
000L3310		LIFT, ELEVATION, HEEL AND SOLE, NEOPRENE, PER INCH				\$72.09
000L3320		LIFT, ELEVATION, HEEL AND SOLE, CORK, PER INCH				\$120.72
000L3330		LIFTS, ELEVATION, METAL EXTENSION, (SKATE)				\$501.24
000L3332		LIFT, ELEVATION, INSIDE SHOE, TAPERED, UP TO ONE-HALF INCH				\$65.31
000L3334		LIFT, ELEVATION, HEEL, PER INCH				\$33.78
000L3340		HEEL WEDGE, SACH				\$75.48
000L3350		HEEL WEDGE				\$20.28
000L3360		SOLE WEDGE, OUTSIDE SOLE				\$31.53
000L3370		SOLE WEDGE, BETWEEN SOLE				\$43.91
000L3380		CLUBFOOT WEDGE				\$43.91
000L3390		OUTFLARE WEDGE				\$43.91
000L3400		METATARSAL BAR WEDGE, ROCKER				\$36.04
000L3410		METATARSAL BAR WEDGE, BETWEEN SOLE				\$82.23
000L3420		FULL SOLE AND HEEL WEDGE, BETWEEN SOLE				\$48.43
000L3430		HEEL, COUNTER, PLASTIC REINFORCED				\$141.94
000L3440		HEEL, COUNTER, LEATHER REINFORCED				\$67.59
000L3450		HEEL, SACH CUSHION TYPE				\$93.49
000L3455		HEEL, NEW LEATHER, STANDARD				\$36.04
000L3460		HEEL, NEW RUBBER, STANDARD				\$30.40
000L3465		HEEL, THOMAS WITH WEDGE				\$51.83
000L3470		HEEL, THOMAS EXTENDED TO BALL				\$55.20
000L3480		HEEL, PAD AND DEPRESSION FOR SPUR				\$55.20
000L3485		HEEL, PAD, REMOVABLE FOR SPUR				\$22.63
000L3500		ORTHOPEDIC SHOE ADDITION, INSOLE, LEATHER				\$25.89
000L3510		ORTHOPEDIC SOLE ADDITION, INSOLE, RUBBER				\$25.89

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000L3520		ORTHOPEDIC SHOE ADDITION, INSOLE, FELT COVERED WITH LEATHER				\$28.16
000L3530		ORTHOPEDIC SHOE ADDITION, SOLE, HALF				\$28.16
000L3540		ORTHOPEDIC SHOE ADDITION, SOLE, FULL				\$45.05
000L3550		ORTHOPEDIC SHOE ADDITION, TOE TAP, STANDARD				\$7.91
000L3560		ORTHOPEDIC SHOE ADDITION, TOE TAP, HORSESHOE				\$20.28
000L3570		ORTHOPEDIC SHOE ADDITION, SPECIAL EXTENSION TO INSTEP (LEATHER WITH EYELETS)				\$75.48
000L3580		ORTHOPEDIC SHOE ADDITION, CONVERT INSTEP TO VELCO CLOSURE				\$57.46
000L3590		ORTHOPEIC SHOE ADDITION, CONVERT FIRM SHOE COUNTER TO SOFT COUNTER				\$47.32
000L3595		ORTHOPEDIC SHOE ADDITION, MARCH BAR				\$37.14
000L3600		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE EXISTIN G				\$67.59
000L3610		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, CALIPER PLATE NEW				\$88.99
000L3620		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP EXISTIN G				\$67.59
000L3630		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, SOLID STIRRUP NEW				\$88.99
000L3640		TRANSFER OF AN ORTHOSIS FROM ONE SHOE TO ANOTHER, DENNIS BROWNE SPLINT (RIVETON), BOTH SHOES				\$38.30
000L3649		ORTHOPEDIC SHOE, MODIFICATION, ADDITION OR TRANSFER, NOS		RNE - INVOICE SUBMIT		
000L4350		ANKLE CONTROL ORTHOSIS, STIRRUP STYLE, RIGID, INCLUDES ANY TYPE INTERFACE (E.G., PNEUMATIC, GEL), PREFABRICATED, INCLUDES FITTING AND ADJ			X	\$74.39
000L4360		WALKING BOOT, PNEUMATIC AND/OR VACUUM, WITH OR WITHOUT JOINTS, WITH OR WITHOUT INTERFACE MATERIAL, PREFABRICATED, INCLUDES FITTING AND ADJUSTME			X	\$230.43

CODE	MOD	DESCRIPTION	PA	COMMENTS	COPAY	MEDICAID ALLOWABLE
000L4370		PNEUMATIC FULL LEG SPLINT, PREFABRICATED, INCLUDES FITTING AND ADJUSTMENT			X	\$157.11
000L4396		STATIC OR DYNAMIC ANKLE FOOT ORTHOSIS, INCLUDING SOFT INTERFACE MATERIAL, ADJUSTABLE FOR FIT, FOR POSITIONING, MAY BE USED FOR MINIMAL AM			X	\$143.35